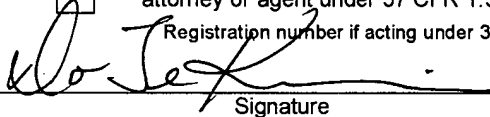
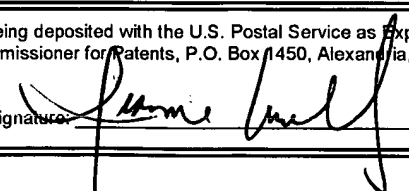




PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 41826.8044US1	
Application Number 10/798,789-Conf. #5629		Filed March 11, 2004	
For ESTABLISHING AND DISPLAYING DYNAMIC GRIDS			
Art Unit 2672		Examiner Not Yet Assigned	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110.00	\$ 110.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$430.00	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$980.00	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check including the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0665</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>46,231</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____			
 Signature		<u>10/28/04</u> Date	
<u>Do Te Kim</u> Typed or printed name		<u>(206) 359-8000</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV522681539US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: <u>10/28/04</u>	Signature:  (Jeanne Connelly)